

WEBeDoctor Physician Office 6.0

Real World Testing Plan - 2024

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General Information

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: WEBeDoctor, Inc.

Product Name(s): WEBeDoctor Physician office

Version Number(s): 6.0

Certified Health IT Product List (CHPL) ID(s): 15.99.04.2526.WEBe.06.00.1.180508

Developer Real World Testing Page URL: <https://new.webedoctor.com/certification>

Justification for Real World Testing Approach

WEBeDoctor Physician office product is designed and developed for Ambulatory Practices for Professionals settings. For this reason, the WEBeDoctor Physician office Real World Testing plan will apply to Ambulatory Practices for Professionals settings only.

WEBeDoctor Physician office is certified to a wide variety of Real World Testing (RWT) criteria.

WEBeDoctor identified use cases and measures for the criteria the Physician office product is certified to which falls within the RWT scope.

The following care coordination criteria will be tested:

§ 170.315(b)(1) Transitions of care

§ 170.315(b)(2) Clinical information reconciliation and incorporation

§ 170.315(b)(3) Electronic prescribing

Additionally, the product is certified to the all of the applicable clinical quality measures § 170.315(c)(1)-(3) and will test those. The product does support the patient engagement criteria § 170.315(e)(1) View, download, and transmit to 3rd party. As well as the following public health criteria Public Health § 170.315(f)(1) Transmission to immunization registries § 170.315(f)(2) Transmission to public health agencies — Syndromic surveillance. Last, the product will include measures for the following Application Programming Interfaces (APIs) criteria

§ 170.315(g) (7) Application access — data category request

§ 170.315(g) (9) Application access — all data request

§ 170.315(g) (10) Standardized API for patient and population services

and the electronic exchange criteria as well as § 170.315(h)(1) Direct project.

Standards Updates (SVAP and USCDI)

The WEBeDoctor Physician office certified product is not and has not participated in the Standards Version Advancement Process before August 31, 2023. Updated WEBeDoctor Physician office certified

product to USCDI v1 and the other updates specified in the 21st Century Cures Act by the required deadlines.

Standard (and version)	All standards are those specified prior to July, 2020.
Date of ONC-ACB notification (SVAP or USCDI)	Not applicable
Date of customer notification (SVAP only)	Not applicable
USCDI-updated criteria	USCDI Version 1

Care Setting(s)

WEBeDoctor Physician office supports the deployment and tracking of documentation within Ambulatory Practice for Professionals setting only.

Overall Expected Outcomes

Real World Testing will demonstrate that Physician Office is conformant to the following certification criteria:

- [§170.315\(b\)\(1\) – Transitions of Care](#)
- [§170.315\(b\)\(2\) – Clinical Information Reconciliation and Incorporation](#)
- [§170.315\(b\)\(3\) – Electronic Prescribing](#)
- [§170.315\(b\)\(6\) Data export](#)
- [§170.315\(c\)\(1\) – Clinical Quality Measures \(CQMs\) – Record and Export](#)
- [§170.315\(c\)\(2\) – Clinical Quality Measures \(CQMs\) – Import and Calculate](#)
- [§170.315\(c\)\(3\) – Clinical Quality Measures \(CQMs\) – Report](#)
- [§170.315\(e\)\(1\) – View, Download, and Transmit to 3rd Party](#)
- [§170.315\(f\)\(1\) – Transmission to Immunization Registries](#)
- [§170.315\(f\)\(2\) – Transmission to Public Health Agencies- Syndromic Surveillance](#)
- [§170.315\(h\)\(1\) – Direct Project](#)

- [§170.315\(g\)\(7\) Application access — patient selection](#)
- [§170.315\(g\)\(9\) Application access — all data request](#)
- [§170.315\(g\)\(10\) Standardized API for patient and population services](#)

Schedule of Key Milestones

Key Milestones	Date/Timeframe
Submit Real World Testing Plan documentation to ACB.	November 20, 2023
Begin Collection of information as laid out by the plan for the period.	January 1, 2024
Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection.	Quarterly, 2024
End of Real-World Testing period/final collection of all data for analysis.	December 31, 2024
Analysis and report creation.	January 15, 2025
Submit Real World Testing report to ACB (per their instructions)	February 1, 2025

Measures Used in Overall Approach

§170.315(b) (1) – Transitions of Care

Description of Measurement/Metric

The following measures will demonstrate the ability to send and receive transitions of care/referral summaries across multiple protocols and/or networks.

- Number of TOC referral messages sent within a 90-day period.
- Number of TOC referral messages received within a 90-day period.
- Number of successful CCD retrievals from external organizations within a 90-day period.
- Number of successful CCDs provided to external organizations within a 90-day period.

Associated Certification Criteria

§170.315(b)(1) Transitions of Care	§170.315(b)(1)(i)(A)
	§170.315(b)(1)(i)(B)

Relied upon software: Updox Direct 2014

Justification for Selected Measurement/Metric

The measurements selected demonstrate that referral messages can successfully be exchanged with external organizations using TOC direct messages. The measurements also show that an organization may successfully exchange CCDs upon request.

Test Methodology

Logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of the implementation. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

Care setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the ambulatory care facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

It is expected that providers (or their authorized representatives) will be able to share EHI using the transmission mechanisms provided. Error rates will be tracked and trended over time.

§170.315(b)(2) – Clinical Information Reconciliation and Incorporation

Description of Measurement/Metric

The measure will demonstrate the certified products ability to capture, reconcile, and incorporate clinical information within the client systems as needed.

- Numerator: Number of Clinical Reconciliations completed
- Denominator: Number of unique Patients with a completed Clinical Reconciliation

Associated Certification Criteria

§ 170.315 (b)(2) Clinical information and reconciliation and incorporation	§ 170.315 (b)(2)(i)
	§ 170.315 (b)(2)(iii)

Justification for Selected Measurement/Metric

Clinical Information Reconciliation may be completed multiple times in a given period on a single patient. This measure will demonstrate the volume from both an end-user perspective (Numerator), and a Patient perspective (Denominator).

Test Methodology

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory care facilities	This measure was designed to test the ambulatory care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

End Users will be able to utilize Clinical Information Reconciliation & Incorporation to ingest data from transitions of care/referrals.

Numerator will be larger than Denominator due to the ability to complete multiple Clinical Information Reconciliations on a single Patient in a given time period.

§170.315(b)(3) – Electronic Prescribing

Description of Measurement/Metric

These measurements will demonstrate the ability to transmit various types of electronic prescribing (e-prescribing) functions.

- Number of e-prescriptions sent over number of e-prescriptions successfully received.
 - Numerator: # of prescriptions with a chosen output of eRx (eg, send electronically)
 - Denominator: # of prescriptions successfully sent electronically (Successfully accepted by Ultimate Receiver)
- Electronic Prescribing: Request and respond to change prescriptions
 - Numerator: # of RxChange Requests responded to (approve and deny) and sent eRx
 - Denominator: # of ChangeRx requests successfully sent electronically (RxChangeResponse)
- Electronic Prescribing: Request and respond to cancel prescriptions
 - Numerator: # of CancelRx prescriptions (eg, discontinue) with a chosen output of eRx.
 - Denominator: # of CancelRx prescriptions successfully sent electronically (CancelRxResponse)

- Electronic Prescribing: Request and respond to renew prescriptions
 - Numerator: # of RxRenewal Requests responded to (approve and deny) and sent eRx
 - Denominator: # of RxRenewal requests successfully sent electronically (RxRenewalResponse)
- Electronic Prescribing: Receive fill status notifications
 - Numerator: # of RxFill status requests sent to pharmacies
 - Denominator: # of RxFill status responses received from pharmacies
- Electronic Prescribing: Request and receive medication history
 - Numerator: # of medication history requests made (RxHistoryRequest)
 - Denominator: # of medication history responses received (RxHistoryResponse)

Associated Certification criteria

§ 170.315 (b)(3) E-prescribing	§ 170.315 (b)(3)(ii)(A)(1)
	§ 170.315 (b)(3)(ii)(A)(2)
	§ 170.315 (b)(3)(ii)(A)(3)
	§ 170.315 (b)(3)(ii)(A)(4)
	§ 170.315 (b)(3)(ii)(A)(5)
	§ 170.315 (b)(3)(ii)(A)(6)

Justification for Selected Measurement/Metric

E-prescribing has been shown repeatedly to increase patient adherence to medications. As such, more and more states are requiring providers use e-prescribing. To fully receive the benefits of e-prescribing

a prescriber should be able to send and receive information to and from pharmacies. This information is in the form of the proposed measures. The proposed measures will demonstrate the ability to send new prescriptions, receive renewal requests and change requests, and discontinues (cancel requests). In addition, the ability to receive a patient's medication fill history and external medication history increases medication adherence and decreases the prospect of drug overuse, abuse, and poly pharmacy.

Test Methodology

After transactions are sent from our system to Surescripts (and then to the pharmacy) the Surescripts network sends messages back to our system indicating if they were or were not successful. During testing we will review our logs to ensure all prescribing transactions that are sent to the Surescripts network are successfully received. This includes transaction requests to receive Rx Fill data and Medication History. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

Based on the log files it is expected that e-prescribing transactions—our proposed measures—will continue to increase not only with new prescriptions being sent but also in the number of change requests, renewal requests, medication discontinue messages and the retrieval of Rx Fill information and medication history.

§170.315(c) (1) – Clinical Quality Measures (CQMs) – Record and Export

Description of Measurement/Metric

This measure will demonstrate the certified products ability to record transactions in the record.

- Numerator: Number of transactions written.
- Denominator: Number of unique Instances that submitted transactions

Associated Certification Criteria

§ 170.315 (c)(1) Clinical Quality Measures (CQMs) – Record and Export	<i>§170.315(c)(1)(i)</i> <i>§170.315(c)(1)(ii)</i>
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Justification for Selected Measurement/Metric

The Measures Reporting System includes two functionalities of interest: (A) Recording transactions entered into the System Under Test, and (B) calculating CQM results based on the recorded transactions. This measure will provide information on the volume of transactions recorded, and the breadth of our client base utilizing this functionality.

Test Methodology

Our platform utilizes a centralized platform for these transactions, with logging, monitoring, and reporting capabilities. We will be able to report on these measures from the data made available by this centralized platform. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

It is expected that End Users will be able to record EHI in the System and have that data available for use in calculation of CQM Results.

§170.315(c)(2) – Clinical Quality Measures (CQMs) – Import and Calculate**Description of Measurement/Metric**

This measure will demonstrate the certified product's ability to import and calculate CQMs per patient.

- Numerator: Sum of CQMs calculated on imported patients
- Denominator: Number of unique Patients imported

Associated Certification Criteria

§ 170.315 (c)(2) Clinical Quality Measures (CQMs) – Import & Calculate	§170.315(c)(2)(i)
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Justification for Selected Measurement/Metric

Our Measures Reporting System utilizes an internal protocol to share information between systems, therefore it is not necessary for our system to specifically use the QRDA CAT-I file for use on a day-to-day basis. For this reason, it will be highly unlikely for one of our Clients to utilize our available QRDA CAT-I file import feature. Therefore, we will be testing using the Cypress tool, noted below in the Test Methodology section.

Test Methodology

We will utilize Cypress to generate QRDA CAT-I files for import, and generate results based on that clinical data, across multiple CQMs.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. We will run the required test during the 2022 calendar year.

Expected Outcomes

Import QRDA CAT-I files into Measures Reporting system, process data and remove any potential duplicates, and generate results across multiple CQMs.

§170.315(c)(3) – Clinical Quality Measures (CQMs) - Report

Description of Measurement/Metric

This measure will demonstrate the ability to export the required QRDA CAT-III File on demand.

- Numerator: Number of Clients (facilities) to export a QRDA CAT-III File
- Denominator: Number of Clients (facilities) to generate a QRDA CAT-III File

Associated Certification Criteria

§ 170.315 (c)(3) Clinical Quality Measures (CQMs) – Report	§170.315(c)(3)(i)
	§170.315(c)(3)(ii)

Justification for Selected Measurement/Metric

Measures Reporting System will generate a QRDA CAT-III file for each Certified CQM calculation; however Agencies will only download that file when the results are being utilized to upload into QPP and/or State-based portals.

Test Methodology

Internal tooling is available for monitoring and reporting QRDA CAT-III file generation and exporting, to track how many agencies are utilizing our measures on a day-to-day basis vs. when they are being used to attest with generated CAT-III files. Reporting is available to calculate this measure. If there's no record of client usage, we will utilize internal testing systems to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

Agencies will calculate CQM results on a frequent basis, however, will only export their QRDA CAT- III file on an annual basis. Denominator will be much larger than Numerator.

§170.315(e)(1) – View, Download, and Transmit to 3rd Party

Description of Measurement/Metric

The measures identified will encompass the Number of Views, downloads, and transmits of patient chart summaries over number of successful views, downloads and transmits.

- View Chart summary
 - Numerator: # of views of the chart summary
 - Denominator: # of clients that had an encounter during the reporting period
- Download of chart summary
 - Numerator: # of downloads of chart summary
 - Denominator: # of clients that had an encounter during the reporting period
- Transmission of chart summary
 - Numerator: # of transmissions of chart summary

- o Denominator: # of clients that had an encounter during the reporting period

Associated Certification Criteria

§ 170.315 (e)(1) View, Download, and Transmit to 3rd Party	§170.315(e)(i)(A)
	§170.315(e)(i)(B)
	§170.315(e)(i)(C)

Justification for Selected Measurement/Metric

The measurements selected demonstrate that chart summaries can successfully be viewed and downloaded by patients and that they are able to successfully transmit to external parties.

Test Methodology

We will utilize internal testing systems to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. We will pull data to test over a 12-month time period.

Expected Outcomes

It is expected that patients (or their authorized representatives) will be able to view, download and transmit their chart summaries using the mechanisms provided. Error rates will be tracked and trended over time.

§170.315(f)(1) – Transmission to Immunization Registries

Description of Measurement/Metric

This measure will demonstrate the ability to transmit data to immunization registries as required for compliance purposes.

- Numerator: Number of distinct immunization records in the denominator that sent recorded immunizations to an immunization registry
- Denominator: Number of distinct immunization records in a given month period

Associated Certification Criteria

§ 170.315 (f)(1) Transmission to Immunization Registries	<i>§170.315(f)(1)(i)</i>
	<i>§170.315(f)(1)(ii)</i>

Justification for Selected Measurement/Metric

This measure will provide information on the number of patients within a client's facility whose information is being sent to an immunization registry. Currently, there is only one known client utilizing the Physician office certified products to send immunizations to a registry.

Test Methodology

We will utilize the [NIST HL7v2 Immunization Test Suite](#) to demonstrate our compliance with the certification criteria.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory care facilities we support and target with this certified product. The Physician office certified product only has one client currently sending information to immunization registries. This client is the one that will be utilized to demonstrate compliance.

Expected Outcomes

The identified measure will document the percentage of patients at the facility with immunization records being sent to an immunization registry.

§170.315(f)(2) – Transmission to Public Health Agencies- Syndromic Surveillance

Description of Measurement/Metric

The measure will demonstrate the ability to send Syndromic surveillance records to public health agencies.

- Numerator: Number of distinct Syndromic surveillance records in the denominator that sent Syndromic surveillance records to a public health agency
- Denominator: Number of distinct Syndromic surveillance records in a given month period

Associated Certification Criteria

§ 170.315 (f)(2) Transmission to public health agencies -Syndromic surveillance	§170.315(f)(2)
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Justification for Selected Measurement/Metric

This measure will provide information on the number of distinct syndromic surveillance records within a client's facility whose records have been sent to a public health agency.

Test Methodology

We will utilize the [NIST HL7v2 Syndromic Surveillance Test Suite](#) to demonstrate functionality and compliance.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	Physician office certified product only has one client currently sending information to public health agencies. This client is the one that will be utilized to demonstrate compliance.

Expected Outcomes

The identified measure will document the percentage of Syndromic surveillance records being sent to public health agencies.

§170.315(h) (1) – Direct Project

Description of Measurement/Metric

This measure will demonstrate the ability to send and receive direct project messages.

- Number of TOC direct message sent and received by type within a 90-day period.

Associated Certification Criteria

§ 170.315 (h)(1) Direct Project	§170.315(h)(1)(i)
	§170.315(h)(1)(ii)

Relied upon software: Updox Direct 2014

Justification for Selected Measurement/Metric

This measure will demonstrate the types of messages that are supported for direct messaging.

Test Methodology

Logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending/receiving transitions of care using Edge protocols. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the measure on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of the implementation.

Care Setting(s)

Care Setting	Justification
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Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory Practice for Professionals facilities we support and target with this certified product. We will pull data to test over a 90-day time period.
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Expected Outcomes

We expect to see messages successfully sent and received of the following types during the reporting window:

- Message
- Notification
- Referral
- Referral Response

§170.315(g) (7) Application access — patient selection

Description of Measurement/Metric

This measure will test the ability to fetch patient medical records from our certified Health IT Module using the APIs provided. Below are the associated criteria for this measure.

Associated Certification Criteria

§170.315(g)(7) Application access — patient selection

(g)(7)(i) - Identify unique patient and return an ID

Justification for Selected Measurement/Metric

Users get access to specific patient clinical data through the APIs provided in WEBeDoctor. This provides a metric on the use of APIs to access patient clinical data as per §170.315(g) (7), certification criteria. Only authorized users are allowed to access patient data and their credentials.

Test methodology:

Access logs are verified to check proper credentialing of authorized users and the frequency of the usage of APIs. The response of API is analyzed to ensure the relevant patient's information is fetched for a specific date or for a date range.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory Practice for Professionals facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

We expect to see messages successfully sent and received of the following types during the reporting window:

- It is expected that users can fetch single patient's data through API in accordance to §170.315(g) (7), certification criteria. Error cases are tracked and logged during the testing period.
- It is expected that patient data can be requested for specific date or a date range through the API.
- It is expected that both patients and clinicians fetch appropriate data using WEBeDoctor API based on their credentials.

§170.315(g) (9) Application access — all data request

Description of Measurement/Metric

This measure will test the ability to fetch patient medical records from our certified Health IT Module using the APIs provided. Below are the associated criteria for this measure.

Associated Certification Criteria

§170.315(g) (9) Application access — all data request

(g)(9)(i)(A) - Download all patient data as CCDA

Justification for Selected Measurement/Metric

Users get access to specific patient clinical data through the APIs provided in WEBeDoctor. This provides a metric on the use of APIs to access patient clinical data as per §170.315(g) (9), certification criteria. Only authorized users are allowed to access patient data and their credentials.

Test methodology:

Access logs are verified to check proper credentialing of authorized users and the frequency of the usage of APIs. The response of API is analyzed to ensure the relevant patient's information is fetched for a specific date or for a date range.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory Practice for Professionals facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

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We expect to see messages successfully sent and received of the following types during the reporting window:

- It is expected that users can fetch single patient's data through API in accordance to §170.315(g) (9), certification criteria. Error cases are tracked and logged during the testing period.
- It is expected that patient data can be requested for specific date or a date range through the API.
- It is expected that both patients and clinicians fetch appropriate data using WEBeDoctor API based on their credentials.

§170.315(g) (10) Standardized API for patient and population services

Description of Measurement/Metric

This measure will test the ability to fetch patient medical records from our certified Health IT Module using the APIs provided. Below are the associated criteria for this measure.

Associated Certification Criteria

§170.315(g)(10) Standardized API for patient and population services

(g)(10)(i)(A)(B) - Respond to requests for a single and multiple patients' data according to the standard adopted in § 170.215(a) (1) and implementation specification adopted in § 170.215(a) (2)

Justification for Selected Measurement/Metric

Users get access to specific patient clinical data or bulk patient's data through the APIs provided in WEBeDoctor. This provides a metric on the use of APIs to access patient clinical data as per §170.315(g) (10), certification criteria. Only authorized users are allowed to access patient data and their credentials. Users get access to specific patient clinical data or bulk patient's data through the APIs provided in WEBeDoctor. This provides a metric on the use of APIs to access patient clinical data as per §170.315(g) (10) certification criteria. Only authorized users are allowed to access patient data and their credentials are verified through review of logs.

Test methodology:

Access logs are verified to check proper credentialing of authorized users and the frequency of the usage of APIs. The response of API is analyzed to ensure the relevant patient's information is fetched for a specific date or for a date range.

Care Setting(s)

Care Setting	Justification
Ambulatory Practice for Professionals	This measure was designed to test the Ambulatory Practice for Professionals facilities we support and target with this certified product. We will pull data to test over a 90-day time period.

Expected Outcomes

We expect to see messages successfully sent and received of the following types during the reporting window:

- It is expected that users can fetch single patient's data through API in accordance to §170.315(g) (10), certification criteria. Error cases are tracked and logged during the testing period.
- It is expected that patient data can be requested for specific date or a date range through the API.
- It is expected that both patients and clinicians fetch appropriate data using WEBeDoctor FHIR API based on their credentials.

Attestation

This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the Health IT Developer's Real World Testing requirements.

Authorized Representative Name: Anwer Siddiqi

Authorized Representative Email: ASiddiqi@WEBeDoctor.com

Authorized Representative Phone: (714) 915-8478



Authorized Representative Signature:

Date: 11/21/2023